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HIV Health Services Planning Council
Quality of Care Task Force

Members, HIV Health Services Planning Council

g Date: January 11, 2000

g Place: 25 Van Ness Ave., Conference Room; 5:00-6:00 PM

rs Present: Stephen Oxendine; Susan Shea

Present: Steven Feeback, minutes; Gary Levinson, Support Center; Michael DeMayo, Harder & Company; Laura Thomas, HHS/DPH.

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eeting: Meetings with the Community on Feb. 8 and 9

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Title I Reduction Examined

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Collect client satisfaction data; and
Prepare final reports and presentations.

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h for the Community Meetings

De Mayo will be sending out letters of invitation. The HIV Contractors Association is very supportive roject, and those on the list of service providers will get the letter as a reminder. Telephone outreach be done with a majority of the contractors. Susan Shea will work with ACT-UP Golden Gate to attract presentation from the client populations. The whole process will be explained to those who attend one o orientation meetings. Interested people will be asked to make a commitment to stay involved in these s for approximately two months.

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HIV Health Services Planning Council
Quality of Care Task Force

To: Members, HIV Health Services Planning Council
Meeting Date: January 11, 2000
Meeting Place: 25 Van Ness Ave., Conference Room; 5:00-6:00 PM

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Members Present: Stephen Oxendine; Susan Shea

Others Present: Steven Feeback, minutes; Gary Levinson, Support Center; Michael DeMayo, Harder & Company; Laura Thomas, HHS/DPH.

Next Meeting: Meetings with the Community on Feb. 8 and 9

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Introductions

CARE Title I Reduction Examined

Laura Thomas announced that she had just learned about the award for the coming fiscal year that starts March 1, 2000. It represents a deeper cut than had been anticipated. It is not the first time that the Council has faced a steep reduction. The worst was a $6 million in 1996. We don't know the reasons yet. The Reductions Protocol that the Council approved will apparently not be sufficient in this case. The Council will have to face some difficult choices that will have to be made within the next month about where to cut further. There will be those on the Council who feel it preferable to cut from evaluation projects, such as the one this Task Force is engaged in, rather than from direct services.

Evaluation Budget

It is hoped that this project will begin early in the upcoming contract year, and it has a $25,000 budget committed from the current fiscal year. The amount from next year's budget is uncertain at this point. Such uncertainty makes discussion about the scope of work a more difficult discussion. We currently have to remain open to at least three options: 1) a pilot project for a few programs that want to volunteer; 2) coverage of programs in a single service category; or 3) full implementation with about 60 programs that received Title I CARE funding.

Proposed Scope of Work

Harder + Company proposes that it undertake the following tasks in order to design and implement a client satisfaction survey:

1) Coordinate provider input by convening a working group that will meet regularly during the development phase;
2) Shape the research methodology and sampling plan with the working group;
3) Develop a survey instrument for review by the working group;
4) Develop an analysis methodology;
5) Collect client satisfaction data; and
6) Prepare final reports and presentations.

In a similar manner as with the Needs Assessment project currently in its final stages, the data collection phase for a client satisfaction survey can be expanded or contracted, depending on the availability of funds. Either way, the preparatory work has to be done and represents the same amount of front-end activity.

Outreach for the Community Meetings

Michael De Mayo will be sending out letters of invitation. The HIV Contractors Association is very supportive of this project, and those on the list of service providers will get the letter as a reminder. Telephone outreach will also be done with a majority of the contractors. Susan Shea will work with ACT-UP Golden Gate to attract some representation from the client populations. The whole process will be explained to those who attend one of the two orientation meetings. Interested people will be asked to make a commitment to stay involved in these meetings for approximately two months.

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